

## Notes from Open Space Topic Convenors

*What was your topic or question?*

### **The No One dies Alone program at Sacred Heart Medical Center in Eugene, Oregon.**

Together we explored the mechanics of how the program functions, its basic philosophy/mission to patients in the final stages of dying, and the impact of the program on both volunteers and the hospital culture.

*What were major discussion points?*

- **The Program: Its History & Philosophy**
  - The vision of the program born out of Sandra Clarke's experience in caring for a dying patient
  - Ownership by the organization as a whole and not by any one department
  - Multi-departmental steering committee meeting monthly
  - The "family member" model of volunteer presence. Volunteers ("compassionate companions") are encouraged in the model of a "ministry of presence" more than their professional role/identity as a hospital employee. Compassionate companions are invited to be present to the dying person more as a family member than as a trained professional.
  - Not a "sitter" service
  - Program criteria for assessing when the program will be initiated
  - This program reflects a historical departure of the hospital culture in that it was not fully planned out before being launched. It is truly a "work in progress," where modifications are made as the program operates.
  - Value beyond Service to Patient
    - Volunteers report a sense of reconnection to deeper sense of self and transpersonal meaning.
    - Assisting employees to connect with the organizational mission statement at a different level and in a new way through their experience as a compassionate companion
- **The Program: The mechanics of how it functions**
  - Intranet Web site where employees view an online volunteer sign-up calendar. Here volunteers enter personal confirmation as well as identify time(s) they want to be available in an on-call basis.
  - At time of sign-up, people also sign up for a one-hour orientation session:
    - covers the basics of where to go, how to identify yourself to clinical staff, suggestions on "how to be family" while with a patient
    - Philosophy of the Program
    - Filling out evaluation forms to assist program coordinators in enhancing/refining the program
    - Direction on issues such as patient privacy/confidentiality, religious "proselytizing"
- **What Has Happened at the Bedside: Reflections by those who have served**
  - Significance of compassionate companions not only to the dying, but the relief/support to health care providers in knowing there was "someone willing to be there"

- Words of thanksgiving/gratitude from families when program has served where family has been present (e.g., elderly wife whose husband was dying and she could only be with him in the hospital during the day)
- What more is there to be done
- Regular recognition meeting for volunteers
- Quarterly support meetings to build upon existing compassionate companion volunteer experiences and to offer resources/guidance for those wanting more. Creating forum for dynamic exchange of ideas/experiences

*What did you learn? (OR emerging topics related to material)*

- How do we remain present to a patient when we are not in the professional role of a healing professional? (How title/identity can become an impediment to being fully present)
- Author Ken DoCCA's concept of "disenfranchised grief"
- Lise Taylor (medical student in residence)"Debriefing": reflections on a group she developed where med students were invited to draw with crayons/paper the story of the terminally patient they were with. The significance of art as a medium for symbolizing life experience and meaning.

*Whom should we contact for more information?*

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**Resource packets will be available within the next few months. If you are interested, please contact us. Your name will be placed on a mailing list to receive a comprehensive packet of materials meant to assist you in beginning your own program**